NHDES

The State of New Hampshire

Department of Environmental Services



Robert R. Scott, Commissioner

October 18, 2017

Powder Mill Fish Hatchery
New Hampshire Fish and Game
Mr. Edward Malone
288 Merrymeeting Road
New Durham, New Hampshire 03855

Subject: National Pollutant Discharge Elimination System (NPDES)

Compliance Sampling Inspection (CSI)

Powder Mill Fish Hatchery (FH)

New Durham, NH

NPDES Permit No. NH0000710

Dear Mr. Malone:

On September 19, 2017 as a representative of the New Hampshire Department of Environmental Services (DES), Water Division, Wastewater Engineering Bureau, I conducted a NPDES CSI at the Powder Mill Fish Hatchery. Objectives of the CSI included determining compliance with NPDES permit conditions, verifying the accuracy of permit-required information, and verifying the adequacy of permittee sampling and monitoring.

The following people were present during this CSI:

Kevin Dale, Operator, Powder Mill Fish Hatchery, NH Fish and Game Teresa Ptak, Permits and Compliance, DES

Enclosed is a copy of EPA's Water Compliance Inspection Report Form 3560-3, Attachment A-Sample Data Summary, and the inspection sample results. The laboratory results for Biochemical Oxygen Demand (BOD), Total Suspended Solids (TSS), Total Nitrogen, Ammonia Nitrogen and Total Phosphorus were within the allowable permit limitations. None of the samples were taken in accordance with Powder Mill Fish Hatchery's permit requirements, thus no results must be included in the September 2017 DMR calculations.

DEFICIENCY: (No further response required).

During the inspection the following deficiency was noted:

- Thermometers used in support equipment for preservation of NPDES related samples are to be calibrated annually against a NIST traceable source or purchased new with certification of NIST calibration.
 - a. Outfall 001 composite sampler contained a thermometer with serial number (SN) 9466. Outfall 002 composite sampler contained a thermometer with SN 3837. Past documentation for calibration of both included the dates of 6/13/2013, 6/4/2014, 1/4/2016 and 12/28/2016.

- i. No calibration documentation was available within the timeframe of 6/5/2014 to 1/3/2016 leaving 18 months between calibrations.
- ii. It is noted documented temperatures for the quarterly sample events during the timeframe of 7/2014 to 12/2015 were within the acceptable preservation range.

OBSERVATIONS: (No response required).

- 1. As part of the NPDES inspection, operation and maintenance of the facility laboratory and grounds were reviewed.
 - A container of electrode storage solution lot # 155117 expired 8/2016. It was noted the solution was not in use with the current meter. Expired material for NPDES related equipment should be discarded.
 - b. Discharge Monitoring Reports (DMRs) reviewed since the last site visit of April 14, 2015 documented 10 months for which corrections were requested out of 80 DMR submittals. It is understood facility staff continue efforts to review intended DMR submittals to ensure accuracy and completeness.
 - i. It is noted all requested edits have been completed and resubmitted.

CORRECTIVE ACTIONS DOCUMENTED:

The New Hampshire Department of Environmental Services, Water Division, Wastewater Engineering Bureau reviewed the actions taken by Powder Mill Fish Hatchery in response to the September 19, 2017 CSI. Discussions on site and post inspection confirmed resolution of the listed deficiency. As a result of the actions taken by the facility, DES determined that the Powder Mill FH has resolved the issues in a manner consistent with the Water Division regulations and NPDES permit requirements.

No further response is required.

Please be advised that DES will continue to monitor Powder Mill FH's compliance status, and that this letter does not provide relief against any existing or future violations.

If you have any questions regarding this matter, please contact me at 603-271-1497. Thank you for your cooperation.

Sincerely,

Teresa Ptak

Permits and Compliance

Wastewater Engineering Bureau

cc: DES, WD, WWEB/File

ec: Joy Hilton, USEPA Water Technical Unit

Attachments: EPA Form 3560-3 – Water Compliance Inspection Report

Attachment A-Sample Data Summary September 19, 2017 Sample Results



United States Environmental Protection Agency Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System C	Coding (i.e., PCS)		
Fransaction Code NPDES yr/mo/da	у	Inspection Type	Inspector Fac Type
1 N 2 5 3 N H 0 0 0 0 7 1 0 11 12 1 7 0 9	1 9 17	18 S	19 S 20 3
Remarks 21			66
nspection Work Days Facility Self-Monitoring Evaluation Rating B1	. QA	Re	eserved
67 1 0 69 70 4 71 N	7	73 74	75 80
Section B: F	acility Data	7411	
Name and Location of Facility Inspected (For industrial users discharging to PO	TW, also	Entry Time/Date	Permit Effective Date
include POTW name and NPDES permit number) POWDER MILL FISH HATCHERY POTW Name/P	ermit No.	9:35 AM 9/19/2017	12/22/2011
288 MERRYMEETING ROAD NEW DURHAM, NH 03855		Exit Time/Date	Permit Expiration Date
NEW BORNARY NIT 03033		1:03 PM 9/19/2017	12/21/2016
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)		Other Facility Data (e.g.,	SIC NAICS, and other
KEVIN DALE FOREMAN Phono: (603)856		descriptive information)	,
Filolie. (603)63:	9-2041		
Fax:			
Name, Address of Responsible Official/Title/Phone and Fax Number			
JASON SMITH, CHIEF OF FISHERIES Phone: (603)271-1744			
NH FISH AND GAME Fax:	Contacted		
11 HAZEN DRIVE CONCORD, NH 03301	☐Yes ✓No		
Section C: Areas Evaluated During Inspec		e areas evaluated)	
Permit Self Monitoring Program	Pretreatment	MS	54
Records/Reports Compliance Schedules	Pollution Preventi	on	
Facility Site Review Laboratory	Storm Water		
Effluent/Receiving Waters Operations/Maintenance	Combined Sewer	Overflow	
Flow Measurement Sludge Handling/Disposal	Sanitary Sewer O	verflow	
Section D: Summary of (Attach additional sheets of narrative and checklists, i		Violation codes, as neces	sarv)
SEV Codes SEV Description	nadang onigio event	Trotation codes, as moses	541,77
Signature of Inspegtor	Agency/Office/Phone	and Fax Numbers	
lusa Bal	NHDES/WD/WWEB	(603) 271-3908/4128	10/2/2017
Signature of Management (A) Reviewer	Agency/Office/Phone	and Fax Numbers	10/2/2017
Teresa Ptak	NHDES/WD/WWEB	(603) 271-3908/4128	10/2/2017

INSTRUCTIONS

Section A: National Data System Coding (i.e., PCS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be new unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number. (Use the Remarks columns to record the State permit number, if necessary.)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility, Use the year/month/day format (e.g., 94/06/30 = June 30, 1994).

Column 18: Inspection Type. Use one of the codes listed below to describe the type of inspection:

A Performance Audit

B Compliance Biomonitoring

C Compliance Evaluation (non-sampling)

D Diagnostic

E Corps of Engineers Inspection

F Pretreatment Follow-up

G Pretreatment Audit

I Industrial User (IU) Inspection

L Enforcement Case Support

M Multimedia

O Compliance Evaluation (oversight)

P Pretreatment Compliance Inspection

R Reconnaissance

S Compliance Sampling

U IU Inspection with Pretreatment Audit

X Toxics Inspection

Z Sludge

2 IU Sampling Inspection

3 IU Non-Sampling Inspection

4 IU Toxics Inspection

5 IU Sampling Inspection with

Pretreatment

6 IU Non-Sampling Inspection with

Pretreatment

7 IU Toxics with Pretreatment

Column 19: Inspector Code. Use one of the codes listed below to describe the lead agency in the inspection.

C — Contractor or Other Inspectors (Specify in Remarks

columns)

E — Corps of Engineers

J — Joint EPA/State Inspectors—EPA Lead

N - NEIC Inspectors

R — EPA Regional Inspector

S - State Inspector

T — Joint State/EPA Inspectors—State lead

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1 Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4 Federal. Facilities identified as Federal by the EPA Regional Office.
- 5 Oil & Gas Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing, Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as follow up on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, and other updates to the record).

Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection. The heading marked "Multimedia" may indicate medias such as CAA, RCRA, and TSCA. The heading marked "Other" may indicate activities such as SPCC, BMPs, and concerns that are not covered elsewhere.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report, Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

EPA Form 3560-3 (Rev. 10-04) Reverse

 $\label{eq:Attachment A} Attachment \ A$ Sample Data Summary — To be completed with every inspection

Facility Name:	DOWDER MILL FH	ļ.	Date: $9/9/17$ Inspector:	ctor: PTAK
Sample Type: Gra Sample Location: Is this the normal s	Sample Type: Grab or Composite Sample Location:	Sample Type: Grab or Composite Sample Time: 12:44pm Sample Location: 001 A Is this the normal sample location for the plant effluent sampling? YES or NO	gy YESOT NO	Sampler: \(\mathcal{k}\), \(\mathcal{DALE}\) If NO, explain:
Were split samp	Were split samples collected? YES or NO comments:	Orno Comments:		
Sampling Ackno	owledgement: (Oper	Sampling Acknowledgement: (Operator/other signature):	Mary Dale	Date/Time: 7/19/17 12:50
Analysis	Analysis Method	Results	Permit Limit	Comments
BOD	5210B	7.6 ma L	Roon+	Done as GOAD Minit Consider Committee
TSS	2540D	2) 20L=10ma1L	D. Davit	1
TP	ACHAT 10-115-01-1-F 0.0592 mg/L	0.0592 mg/L	100/+	1
Ammonia Nitrogen	LACHAT 10-107-06-6-A	ND 2012 0.25 mg/	Ponnyt	
Total Nitrogen	CALCULATION	0.44 mg/1 0	10 part	1
		Q.S		
Laboratory Ana	lyses – attach NHPH	Laboratory Analyses - attach NHPH Laboratory report to this attachment	ttachment	

Attachment A
Sample Data Summary – To be completed with every inspection

Sample Type Gr Sample Location. Is this the normal Were split sample Sampling Acknow	Sample Type: Grab or Composite Sample Location. Sample Location. Sample In Composite Sample Location. Sample Location. Sample Sample In Composite Sample Location. Sample Sample Sample In Composite Sample Sample Location. Sample Type: Grab or Composite Sample Sample Control Sample Tipe Sample Tipe Sample In Composite Sample Type: Grab or Composite Sample Tipe Sample	Sample Type: Grab or Composite Sample Location. Sample Location. Sample Ing. YES or NO Sampling Acknowledgement: (Operator/other signature): Sampling Acknowledgement: (Operator/other signature):	ent sampling? YES or NO If Ints: March 1244	Inspector: L. DALE ESPORNO If NO, explain: Date/Time: \$/17/17 12:50
Analysis	Analysis Method	Recute		
BOD	5210B	Nesulis	Permit Limit	Comments
TSS	2540D	2.6 mg/L	Permit Limit	7 8
TP		P. Co mg/L	Permit Limit (Lepar+	AS GRAB
Ammonia Nitrogen	MACHAT 10-115-21-H	0.0566 mg IL		AS GRAB
Total Nitrogen	LACHAT 10-115-01-H-	2.6 mg L ND LD- 10 mg L 0.0566 mg L		AS GRAB /
	LACHAT 10-115-D1-HF LACHAT 10-107-06-6-A CALCULATION	2.6 mg L ND LD-10 mg L 0.05/6 mg L 0.40 mg L		AS GRAB
	LACHAT 10-115-DI-HE LACHAT 10-107-06-6-A CALCULATION	ND RD- 10 mg/L O.05/66 mg/L O.40 mg/L		AS GRAB /
Laboratory Anal	CALCULATION VSes — attach NHPH	TSS S210B S210B C. C. Mg L. M.	Permit Limit Lepart Lepart Lepart Lepart Lepart Lepart	AS GRAB



Wednesday, October 04, 2017

STERGIOS SPANOS NHDES WASTEWATER ENGINEERING BUREAU 29 HAZEN DR CONCORD NH 03301

RE:

Workorder:

B708511 - NPDES, INDUSTRIAL PERMITS

Project ID:

05-0021510 - NPDES INDUSTRIAL

Dear STERGIOS SPANOS:

Enclosed are the analytical results for the sample(s) received by the laboratory on Tuesday, Sep 19, 2017. Unless indicated as exceptions, the sample(s) met EPA requirements for hold times, preservation techniques, container types and other receipt conditions. Please contact us if you need measurement uncertainty values associated with radiological parameters. Results reported conform to the most current NELAC standard, where applicable, unless otherwise narrated in the body of the report. Any results reported for samples subcontracted to another laboratory are indicated on the report. Please refer to http://www2.des.nh.gov/CertifiedLabs/Certified-Method.aspx for a copy of our current NELAP certificate and accredited parameters.

We appreciate the opportunity to provide this analytical service for you. If you have any questions regarding this report or your results, please feel free to contact us. We value your feedback please send comments to lucio.barinelli@dhhs.nh.gov.

The following signature indicates technical review and acceptance of the data.

Sincerely,

Lucio S Barinelli, Ph.D Authorized Signature

Enclosures







Phone: (603) 271-3445 Fax: (603) 271-2997

DATA QUALIFIER DESCRIPTIONS

Workorder: B708511 - NPDES, INDUSTRIAL PERMITS

Project ID: 05-0021510 - NPDES INDUSTRIAL

The following are a list of some column headers and abbreviations with their meanings as used throughout the analysis report. Referring to them will assist you in interpreting your report.

RDL= The lowest value the laboratory calibrates its instrumentation for this parameter. Any instrumental estimate of results below the Report Limit is reported as Not Detected (ND).

DF= For some heavily contaminated samples, the laboratory must dilute samples to keep the final number within its calibration scale. This is referred to as the Dilution Factor. Final results and reporting limits are adjusted relative to the DF used.

QUAL= Indicates that the result has been qualified. Refer to the Analytical Report Comments and Qualifiers page for details.

LIMIT= Reflects the Maximum Contamination Level (MCL), if one exists, a secondary or recommended level or another State or Federal action level.

Surrogates = For some analyses, the laboratory adds a number of compounds to monitor analytical performance. These results are provided for your information.

> = Greater than

< = Less than

mg/L = milligrams per Liter

ug/L = micrograms per Liter

mg/kg = milligrams per kilogram

ug/kg = micrograms per kilogram

P-A = Present/Absent

CTS/100 mL = Counts per 100 milliliters

CFU = Colony forming unit

MPN = Most Probable Number

pCi/L = picoCuries per Liter

J = Estimated value; analyte detected at less than the Reporting Limit but greater than the laboratory's Method Detection Limit.

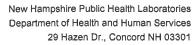
B = Analyte detected in the method blank for the batch of samples. Its presence in the sample may be suspect.

E = Estimated value; result exceeded the upper calibration level for the parameter.

Radiological results are expressed as a number + an uncertainty factor. Uncertainty is a calculated measure of the precision around the reported value.

All results for pH and residual chlorine samples analyzed more than 15 minutes after time of collection shall be considered QUALIFIED.

For assistance in interpreting your lab results and obtaining information regarding water treatment; go to www.des.nh.gov and search "Be Well Informed." Or go to http://xml2.des.state.nh.us/DWITool/.



Phone: (603) 271-3445 Fax: (603) 271-2997



SAMPLE SUMMARY

Workorder: B708511 - NPDES, INDUSTRIAL PERMITS

Project ID: 05-0021510 - NPDES INDUSTRIAL

Lab ID	Sample ID	Ref ID	Matrix	Date Collected	Date Received Misc Info
B708511001	OUTFALL 001	POWDER MILL FH NEW DURHAM	WATER	9/19/2017 12:44	9/19/2017
B708511002	OUTFALL 002	POWDER MILL FH NEW DURHAM	WATER	9/19/2017 12:30	9/19/2017







New Hampshire Public Health Laboratories Department of Health and Human Services 29 Hazen Dr., Concord NH 03301

> Phone: (603) 271-3445 Fax: (603) 271-2997

ANALYTICAL REPORT COMMENTS AND QUALIFIERS

Workorder: B708511 - NPDES, INDUSTRIAL PERMITS

Project ID: 05-0021510 - NPDES INDUSTRIAL

Parameter Footnotes

Result is from the x1.5 dilution. MS and MSD recoveries are 96 and 111% on the x12 dilution. [1]

[2] Method Blank = 1

Date: 10/04/2017

REPORT OF LABORATORY ANALYSIS

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Page 4 of 6



Phone: (603) 271-3445 Fax: (603) 271-2997

ANALYTICAL RESULTS

Workorder: B708511 - NPDES, INDUSTRIAL PERMITS

Project ID: 05-0021510 - NPDES INDUSTRIAL

Lab ID:

B708511001

Matrix:

WATER

Sample ID:

OUTFALL 001

Sample Type: SAMPLE

Description: POWDER MILL FH	I NEW DURHA	AM	Colle	ector :	K DALE			
Parameters	Results	Units	RDL	DF	Prepared	Analyzed	Limit	Qual
Wet Chemistry Preparation Method: SM 5210B Analytical Method: SM 5210B								
Biochemical Oxygen Demand 5	2.6	mg/L		1.5	9/20/2017 13:53	9/25/2017 10:20		1
Analytical Method: LACHAT 10-11	5-01-1-F							
Total Phosphorus	0.0592	mg/L	0.0050	1		9/27/2017 11:02		
Analytical Method: LACHAT 10-10	7-04-1-C							
Nitrate-Nitrogen	ND	mg/L	0.050	1		9/19/2017 14:58	10	
Analytical Method: LACHAT 10-10	7-06-2-E							
Total Kjeldahl Nitrogen	0.44	mg/L	0.25	1		9/26/2017 16:01		
Analytical Method: LACHAT 10-10	7-06-6-A							
Ammonia Nitrogen	ND	mg/L	0.25	4		9/22/2017 13:28		
Analytical Method: LACHAT 10-10	7-04-1-C							
Nitrite-Nitrogen	ND	mg/L	0.050	1		9/19/2017 14:58	1	
Analytical Method: LACHAT 10-10	7-04-1-C							
Nitrate+Nitrite-Nitrogen	ND	mg/L	0.050	1		9/19/2017 14:58		
Analytical Method: SM 2540D								
Total Suspended Solids	ND	mg/L	10	1		9/21/2017 16:10		2

Date: 10/04/2017

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Page 5 of 6



Phone: (603) 271-3445 Fax: (603) 271-2997

ANALYTICAL RESULTS

Workorder: B708511 - NPDES, INDUSTRIAL PERMITS

Project ID: 05-0021510 - NPDES INDUSTRIAL

Lab ID:

B708511002

Matrix:

WATER

Sample ID:

OUTFALL 002

Sample Type: SAMPLE

Campic ID. Con ALL COL			1			
Description: POWDER MILL FH N	IEW DURHAM	Colle	ector :	K DALE		
Parameters	Results Units	RDL	DF	Prepared	Analyzed	Limit Qual
Wet Chemistry Preparation Method: SM 5210B Analytical Method: SM 5210B						
Biochemical Oxygen Demand 5	2.6 mg/L		1.5	9/20/2017 13:53	9/25/2017 10:20	
Analytical Method: LACHAT 10-115-	01-1-F					
Total Phosphorus	0.0566 mg/L	0.0050	1		9/27/2017 11:03	
Analytical Method: LACHAT 10-107-	04-1-C					
Nitrate-Nitrogen	ND mg/L	0.050	1		9/19/2017 15:00	10
Analytical Method: LACHAT 10-107-	06-2-E					
Total Kjeldahl Nitrogen	0.40 mg/L	0.25	1		9/26/2017 16:02	
Analytical Method: LACHAT 10-107-	06-6-A					
Ammonia Nitrogen	ND mg/L	0.25	1		9/22/2017 13:31	
Analytical Method: LACHAT 10-107-	04-1-C					
Nitrite-Nitrogen	ND mg/L	0.050	1		9/19/2017 15:00	1
Analytical Method: LACHAT 10-107-	04-1-C					
Nitrate+Nitrite-Nitrogen	ND mg/L	0.050	1		9/19/2017 15:00	
Analytical Method: SM 2540D						
Total Suspended Solids	ND mg/L	10	1		9/21/2017 16:10	2

Date: 10/04/2017

REPORT OF LABORATORY ANALYSIS

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(Laboratory Policy: Samples not meeting method requirements will be analyzed at the discretion of the DPHS, PHL.) NH PUBLIC HEALIH LABUKAI UKIES-WAI EK LAB LUGIN AND COSIODI SIICEI Samples must be delivered in a cooler with ice or ice packs.

Description: Powder Mill FH Collected by: L. DALE	der Mill FH		Tow	Town: New Durham Conta	Durha	_gt	Temp. °C.	72	7AK X1497	
ample Location/Station ID	Date Time Sampled	# of Containers	Matrix	Total Phosphorus	BOD/TSS	Nitrogen Nitrogen Nitrote, Nitrike	Ammonia Nitrogen		Sampler Comments B70 OUT	Lab Login # B708511001 09/19/17 12:44 OUTFALL 001
Outfall 001	4/19/17 21/10/16	W T	AQ	×	\times	×	×		non-chlorinated	
Outfall 002	9/19/17 12:30pm	W	AQ	×	\times	×	×		non-chiainate	
-			i r	Ξ					0176311002 0UTFALL 002 05-0021510	11510 05/15/1/ 12:30 L 002 21510
								>		
	v.									
Relinquished By Kung	No.	Dat	Date and Time	0.0	19/1	17 17:53 Received By	17:55 Received By	ed For Laboratory By	ory By Lind.	Section No.: 22.0 Section No.: 7 Revision No.: 7 Date 07-2011
Matrix: A= Air S= Soil AQ= Aqueous (Ground Water, Surface Water, Drinking Water, Waste Water)	Aqueous (Gro	ound \	Water	Surface	Water, D	rinking Wate	er, Waste	Water) x Other		+ C +
Page of			الإ لا لا لإ لا	Data Davidural Building	8	0 %			12/4/12	a.
			202	Keviewe	BW	シーフ		\	Date 10/1/1/	

NPDES INSPECTION CHECKLIST MUNICIPAL OR INDUSTRIAL WASTEWATER INDIVIDUAL PERMIT

FACILITY NAME:						
NPDES PERMIT NUMB	BER: NH					
NPDES PERMIT EXPIR	ATION DAT	TE:				
(If Closus		PRE-INSPECTIO, complete this up		TION ection II and Section	XV)	
Permittee's Name:		Inspection	n Date:	Sampling I	Date:	
Inspection Type: CSI	CEI RI	Closure	Fac	ility Type: Major	Minor	
Type of Treatment Proces	ss or Type of	Discharge:	Grade of M	Iunicipal Facility: I IV		III
Date of Last Inspection:_			Type of Las	st Inspection: CSI	CEI	RI
Last Inspection Performed	d by: DES	EPA				
Name and Title of Respon	nsible Officia	d:				
Name/Grade of Operator	in Responsib	le Charge:				
Name/Grade of Back-up	Operator in R	Responsible Charge	»:			
Contact (Name/Phone) for	r Informatior	n Regarding Collec	etion System:			
Time in:	Т	Time out:	_			
(Complete this YES NO N/A		BACKGROUND Is to going to facility		ON complete if closure in	spection)
1.			• '	Rs) submitted to EPA		
2.	Are the DM	Rs completed corr	ectly per latest	EPA instructions? If	f no, expl	ain:
3.			,	ror(s) been given to th	-	

YES NO N/A 4a.	a) Is the person signing the DMRs authorized (40CFR122.22 (b)) If no, explain:	
4b.	b) If yes to 4a., has a copy of the authorization (40CFR122.22(c)) Received on (date)	
5.	Has all permit testing been conducted at the c explain:	_ · · · · · · · · · · · · · · · · · · ·
6.	Have all other permit-required reports such as testing results, etc., been completed correctly <i>I</i>). If no, explain:	and submitted on time? (Permit: Part
7a. 7b.	Has all noncompliance which may endanger by violations of daily limits, a) been orally report b) followed up with a letter to EPA and DES D) If no, explain	ted within 24 hours and within 5 days? (Permit Part II, Section
8.	Has the facility explained all permit violation and the DMR submittals? (Permit Part II, Se	•
9.	Has the facility taken corrective action to add <i>II</i> , <i>Section D</i>) If no, explain:	<u>-</u>
	II. OPENING CONFERENCE	E
• •	is unable to meet with you to complete the chec chedule the remaining portions of the inspection	- ·
needed to maintain com	eview inspection objectives. (Objective-To ensumpliance with the facility's NPDES permit). include Inspector Name(s)):	re that the facility is being operated as
<u>NAME</u>	<u>TITLE</u>	<u>PHONE #</u>
3. E-mail address: 4. Permittee's mailing a	address:	

5.	Facility	's mai	ling add	lress:
1	YES	NO	N/A	III. PERMIT
1.				Is a copy of the current permit (Parts I, II and attachments) onsite? (40CFR121.41) If no, explain:
2.				If the permit is expired or due to expire within 180 days, has a reapplication package been submitted to DES and EPA (40CFR122.21) If no, explain:
			IV	7. OTHER NPDES SPECIFIC REPORTS/REQUIREMENTS
 1. 2. 				
3.				
4.				
	YES	NO	N/A	V. RECORDS/REPORTS
1.				Are the records and reports maintained by the permittee for at least 3 years? (40CFR122.21(p), 40CFR122.41(j)(2), Part II) If no, explain:
2.				If the facility monitors any permitted parameter more frequently than required by the permit, using approved test methods, are these additional results included in its DMR calculations? (Permit Part II: Section D.1.d) If no, explain:
3.				Is a random check of analytical results reported on the facilities benchsheets consistent with data reported by the permittee on their DMRs? (<i>Part II Section C</i>). If no, explain:
	YES	NO	N/A	VI. FACILITY SITE REVIEW
1.	1120	NO	11/71	Is there excessive scum buildup, grease, foam, or floating sludge in or on any of the treatment units? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain:
2.				Are tank weirs level? (40CFR122.41(e) and Permit Part II – Section B) If no, explain:

YES NO N/A

3.	Is there any indication of a hydraulic overload? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain:
4.	Are there any noxious odors leaving the site? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain:
5.	Are there any unsafe conditions (e.g. slicks, faulty guardrails, missing grating, etc.)? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain:
6.	Is there any evidence of severe corrosion in any piping or equipment? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain:
7.	Are there any breaks or leaks in any chemical feed lines or other piping? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain:
8.	Is there any surcharging of influent lines, overflow weirs, or other structures? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain:
9.	Is there any evidence of septage spills at the septage receiving facility? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain:
10.	Are there any unpermitted flows entering the groundwater or surface water from either the wastewater treatment facility or the collection system? (RSA 485-A:13) If yes, explain:
11.	Is there any evidence of potential spills which can contribute pollutants to any storm drains? (RSA 485-A:13) If yes, explain:
12.	Is there any dry weather flow in the stormwater drainage system within the facility? (Possible violation of RSA 485-A:13 – need to investigate/identify source of flow – actually check drains on site) If yes, explain:
13.	Does the facility have any floor drains? (Violation of Permit Part I and RSA 485-A:13 if discharge to storm drain system, surface water or ground water unless specifically permitted – ok if discharge to headworks of WWTP) If yes, where are they and where do they discharge?

14.	I E ₂	NO	IV/A	If yes to 13, and the floor drain(s) discharge to the headworks of the treatment plant, are there any chemicals/oil/wastes stored in the vicinity of the floor drain? If yes, explain:
				(Recommendation only if to headworks – violation cited in 13 if discharge anywhere else – if chemicals spill into headworks, may adversely affect the process and result in permit violations)
	YES	NO	N/A	VII. EFFLUENT/RECEIVING WATER
1.	1123	NO	IV/A	Are there any floating solids, oil sheen, color, or foam in the effluent ? (Observation) If yes, explain:
2.				Are there any floating solids, oil sheen, color, foam or a recognizable plume in the receiving water ? (<i>Permit Part I and Env-Ws 1703.03(c)</i>) If yes, explain:
3.	Col	lect sa	ample of	f effluent. Complete Attachment A.
				VIII. FLOW MEASUREMENT
1.	YES	NO	N/A	Are influent (if applicable) and effluent flow measuring device(s) professionally calibrated, at least once per year? (40CFR122.41(e) and Permit Part II – Section B) What type of influent meter is used? What type of effluent meter is used? If no, explain:
2.				Do facility personnel check the calibration of the flow measuring device(s) between the annual professional calibrations, at least three times per year? (<i>Recommendation only</i>). If no, explain frequency. If yes, do facility personnel record the results of these additional tests, and are the results within 10 percent accuracy?
3.				Are all effluent flow measuring devices clean and free of debris and deposits? (40CFR122.41(e) and Permit Part II – Section B) If no, explain:
4.				Are the sides of the flume(s) throat vertical and parallel? (40CRF122.41(e) and Permit Part II – Section B) If no, explain:
5.				Is the effluent weir level? (40CRF122.41(e) and Permit Part II – Section B) If no, explain:

YES NO N/A 6. Is there any leakage around any of the flow measuring devices? (40CRF122.41(e)) and Permit Part II – Section B) If yes, explain: IX. SELF MONITORING YES NO N/A Are the influent and effluent sampling locations representative of the wastestream? 1. (Permit Part I and II, Section C) If no, explain: Are the correct effluent sample types (grab or composite) taken? (Permit Part I and 2. Part II-Section E) If no, explain: If composite samples are required, are they flow-proportioned? 3. [] controlled by flow meter [] manually done (Permit Part II-Section E) If no, 4. Are composite samples cooled to <6°C to properly preserve them during the compositing period? (40CFR136) If no, explain: 5a. a) If the composite sample is cooled with ice or gel packs, do you measure the final composite sample temperature to make sure that the cooling is sufficient? b) Do you 5b. record these results? (40CFR122.41(e), Permit Part II-Section B and 40CFR136) If no, explain: a) If a refrigerator is used for preserving composite samples, is there a thermometer in 6a. the refrigerator? b) Is this thermometer checked each time that it is used and are the 6b. results of the checks recorded? c) Or, is the final sample temperature measured and 6c. the results recorded? (40CFR122.41(e), 40CFR136 and Permit Part II-Section B) If no, explain: 7. Are all grab samples cooled with ice, gel packs or refrigerated to <6°C from the time of collection until analysis including shipping time, if applicable? If no, explain: Are all samples which require preservation properly preserved? (40CFR122.41(e), 8. 40CFR136 and Permit Part II-Section B) If no, explain:

Are the correct sample containers being used? (40CFR122.41(e), 40CFR136 and

Permit Part II-Section B) If no, explain:

9.

10.	YES	NO	N/A	Is all the sampling equipment and glassware cleaned before being used? (40CFR122.41(e), 40CFR136 and Permit Part II-Section B) If no, explain:
11.				Does the facility's permit require any metals sampling?
12.				If yes to 11, does the facility acid wash the sampling containers prior to sample collection as required by the approved analytical methods as required by the facility's permit? If no, explain:
	YES	NO	N/A	X. LABORATORY
1.	125		1,111	Has a written laboratory QA/QC manual been updated by the facility and approved by DES in the last 5 years? (40CFR122.41(e) and Permit Part II-Section B) (Complete Attachment B if one has not been completed in past 5 years) If yes, provide date Attachment B completed. If no or NA, explain:
2.				Is the QA/QC manual being used by facility personnel? If no explain:
3.				Does the facility have a copy of the EPA-approved analytical methods for each of the analyses performed at the facility? If no, explain:
4.				Are the correct analytical testing procedures used and holding times met? (Permit Part I and 40CFR136) (Complete Attachment C) If no, explain:
5.				Are laboratory method detection limits for all parameters tested less than the permit limits? If no, explain:
6.				With each batch of samples analyzed, is the permittee conducting quality control standards, sample duplicates, spikes and blanks? (<i>Permit Part I and 40CFR136</i>) (Complete Attachment D) If no explain:
7.				If the permittee is using alternate analytical procedures, have they been approved by EPA? (40CFR136) If no, explain:

8.		Is the permittee calibrating and maintaining all laboratory instruments and equipment on the periodic basis specified in the Part 136 Analytical Method or in the QA/QC Manual? (Annual calibrations for thermometers and balances are required – annual
		calibrations for all other laboratory instruments are recommended but are not required) (40CFR122.41(e), 40CFR136 and Permit Part II-Section B) If no, explain:
9.		Are the thermometer annually checked for calibration using a NIST-certified thermometer or does the facility purchase new NIST-certified thermometers yearly? (40CFR122.41(e) and Permit Part II-Section B) If no, explain:
10.		Are the reagents and standards being used expired? (Permit Part II-Section B and 40CFR 122.41(e)) If yes, explain:
11.		Is proper laboratory grade pure water available for specific analyses? (40CFR122.41(e), 40CFR136 and Permit Part II-Section B) If no, explain:
12.		Are laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available? (<i>Recommendation only</i>) If no, explain:
13.		Are reagents and solvents used for the analyses properly stored? (40CFR122.41(e), 40CFR136 and Permit Part II-Section B) If no, explain:
14.		Does the permittee cross-check its calculations? (Recommendation – may result in misreporting which is a violation of the permit – DMRs are certified to be accurate by signature) If no, explain:
15.		Does the permittee use the correct lab formulae to calculate final results? (40CFR136) If no, explain:
	YES NO N/A	XI. OPERATIONS AND MAINTENANCE
1.	120 110 11/11	Are all treatment units operable? (Observation – may result in violation of permit – 40CFR122.41(e) and Permit Part II-Section B) If no, explain:
2.		Does the wastewater treatment facility have an alarm system for all essential equipment? (40CFR122.41(e) and Permit Part II – Section B) If no, explain:

3.				Does the facility check its alarm system? How often?When was the alarm system last checked? (40CFR122.41(e) and Permit Part II-Section B)
4.				Are alarms sent to qualified personnel who can respond immediately to remedy the problem? (40CFR122.41(e) and Permit Part II) If no, explain:
5.				Are routine and preventive maintenance scheduled performed and recorded? (40CFR122.41(e) and Permit Part II-Section B) If no, explain:
6.				Does the facility maintain written procedures for responding to emergencies such as power failures, floods, fires, and other natural disasters? (40CFR122.41(e) and Permit Part II-Section B) If no, explain:
7.				Does the facility maintain a written list of contacts for emergencies? (40CFR122.41(e) and Permit Part II-Section B) If no, explain:
8.				Is a logbook kept which documents all plant activities on a daily basis? (40CFR122.41(e), Permit Part II-Section B and 40CFR122.41(j)(2)) If no, explain:
9.				Does the facility maintain an inventory of spare parts, either at the facility or close by, sufficient to keep all of its treatment units operational? (40CFR122.41(e) and Permit Part II-Section B) If no, explain:
10.				Does the facility have standby power for all treatment units? (40CFR122.41(e) and Permit Part II-Section B) If no, explain:
11.				Is the standby power regularly exercised under load? (40CFR122.41(e) and Permit Part II-Section B) If no, explain:
			/.	XII. HANDLING AND DISPOSAL OF WASTES
1.	YES	NO	N/A	Is leachate accepted at the facility? If yes, what are the source(s)?
				What is the average quantity accepted each month?
	VEC	NO	NT / A	XIII. SANITARY SEWER OVERFLOWS
1.	YES	NU	N/A	Have there been any backups or overflows in the sanitary sewer collection system, including pump stations, manholes and piping since the last inspection on? If yes, explain cause/frequency/locations and corrective actions taken:

2.	YES N	1O	N/A	If yes to 1, are these overflows reported to DES and EPA within 24 hours verbally and followed up with a letter in 5 days? If no, explain:
3.				If yes to 1, have any of these overflows impacted surface water? If yes, explain:
4.				Does the stormwater collection system for the municipality have any dry weather flows? (Possible violation of RSA 485-A:13 – need to investigate/identify source of flow – actually check drains on site) If yes, explain:
5.				Does the facility have up-to-date maps/schematics of all stormwater outfalls? (Recommendation only) If no, explain:
	YES N	JΟ	N/Δ	XIV. COMBINED SEWER OVERFLOWS
1.	TLS 1	10	IV/A	Is any portion of the facility's sewage collection system combined with the storm water collection system with designated outfalls? (Observation only with referral to EPA for follow-up investigation/enforcement) If yes, explain:
2.				If yes to 1, are all combined system outfalls identified and permitted in your NPDES permit? (RSA 485-A:13 – unpermitted discharge) If no, explain:
				-

XV. CLOSING CONFERENCE

Attachment C - Monitoring Data Checklist

TPTAK

Inspector:

Date: 9 / 19 / 2017

Facility Name: POWDER MILL FH

							15			nual Flow Proportioned (MFP
										Automatic Flow Proportioned (AFP), Manual Flow Proportioned (MFP) For composite samples put time last sample was obtained
										2. Automa 4. For com
										Standard Methods
9 E		>,	>	>	>>>	>	25508-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	>	Grab (G), Composite (8C, 24C) Analysis numbers in current approved edition of Standard Methods
3	> 11 >	>	>	>	>>	>	4500 OG-	>	>	osite (8C, 24s in current
Ma	->>	>	>	>	>>	>	1107 2011	>	>	Grab (G), Composite (8C, 24C) Analysis numbers in current app
Parameter	Sample Date and Time	Sample Location	Sample Type ^{1,2}	Sampler	Analysis Date and Time ⁵	Analyst	Method Wo.	Results ⁶	Allowable Holding Time	1. Grab 3. Anal

Attachment D NPDES Inspection Checklist QC for Each Batch of Samples Analyzed

Facility Nam	e: POWDER MILL FH			Date: 9/19/2017
non	officent (2 dilution-)	yes	no	comments
BOD	effluent (3 dilutions)	-		
	dilution water blank QC standard	ē.——:		÷
	seeded dilution water, if applicable	-	-	·
CONTRACT	seed control	-	-	Y
on 3	duplicate (1 dilution)	8	-	:
LAD	spike (1/year)			
	pH check/adjustment			-
	proper dechlorination solution	- V		
	r I	:		
<u>TSS</u>	effluent			
	lab water blank			· · · · · · · · · · · · · · · · · · ·
CONTRACT	QC standard (e.g., NSI)			
CONAB	duplicate			
Lr	repeat weighings	·		-
	other:	-		
	CO 121 11 11 1			
<u>Bacteria</u>	effluent (3 dilutions)	<u> </u>		
NA	dilution water blank			
bl.,	duplicate			
	quarterly split			- 1
pН	calibration standards	/		4,7
<u> 111</u>	QC standard			(0
	effluent			
	duplicate	J		
	temperature			
	% slope		$\overline{}$	METER DOES NOT PROVIDE
		J 		
TRC	blank			
	QC standard			
NIA	effluent			
·	duplicate			
	0 /0 -			
Other: TEM		/		
	effluent	<u> </u>		
	QC standard	NA		
	duplicate	X/A		¥
	blank	N/R		
	spike	<u>1V/P</u> T		2

Year Month	Parameter	Units	Permit Limit	Result	Туре	Number of Violations	Reported Properly?	Postmark Date	Comments
12	DMR						No	1/2/2015	Incorrect TP entered into DMR for outfall 001B. Lab reports 0.06mg/L, facility reported 0.6 mg/L.
2015									
1	DMR						Yes	2/3/2015	Rec'd DMR for outfall 002A NO VIOLATIONS
2	DMR						No	3/2/2015	001A DMR correct. Rec'd DMR for outfall 002A; incorrect pH max reported 6.46SU should be 6.48SU. Verified in bench sheet.
3	DMR						Yes	3/31/2015	Rec'd DMR for quarterly sampling event 001B. NO VIOLATIONS Rec'd DMR for 002A and quartlery sampling event 002B NO VIOLATIONS
4	DMR						Yes	5/2/2015	Rec'd DMR for outfall 002A NO VIOLATIONS
5	рН	su	6.5	5.97	Daily Minimum	1	No	6/4/2015	Upstream value 6.59 allowing for 6.09 SU at 002A 5/13 5.97 SU No verbal or written notification, not reported as violation on initial DMR submittal. Rec'd DMR for outfall 001A NO VIOLATIONS

Wednesday, December 06, 2017

Page 7 of 13

Year	Month	Parameter	Units	Permit Limit	Result	Type	Number of Violations	Reported Properly?	Postmark Date	Comments
	6	DMR						No	7/1/2015	Daily minimum for pH should be 5.85SU from 6/26 not 5.97SU from 6/11 as reported. Rec'd DMR for quarterly sampling event 001B. NO VIOLATIONS Rec'd DMR for 002A and quarterly sampling event 002B NO VIOLATIONS
	7	DMR						Yes	7/31/2015	Rec'd DMR for outfall 002A NO VIOLATIONS
	8	DMR						Yes	9/2/2015	Rec'd DMRs for outfall 002A NO VIOLATIONS
	9	DMR						Yes	9/30/2015	Rec'd DMR for outfall 002A NO VIOLATIONS Rec'd DMRs for quarterly testing 001B & 002B NO VIOLATIONS
	10	DMR						Yes	11/2/2015	Rec'd DMR for outfall 002A NO VIOLATIONS
	11	DMR						Yes	12/2/2015	Rec'd DMR for outfall 002A NO VIOLATIONS

Year	Month	Parameter	Units	Permit Limit	Result	Type	Number of Violations	Reported Properly?	Postmark Date	Comments
	12	DMR						Yes	1/5/2016	Rec'd DMR for outfall 002A NO VIOLATIONS Rec'd quarterly DMRs 001A & 002A NO VIOLATIONS Included 2015 aquaculture drug and chemical certification.
20	16									
	1	DMR						Yes	2/3/2016	Rec'd DMR for outfall 002 NO VIOLATIONS
	2	DMR						Yes	3/1/2016	Rec'd DMR for outfall 002A NO VIOLATIONS
	3	DMR						Yes	3/31/2016	Rec'd DMR for quarterly sampling event 001B. NO VIOLATIONS Rec'd DMR for 002A and quartlery sampling event 002B NO VIOLATIONS
	4	DMR						Yes	5/4/2016	Rec'd DMR for outfall 002A NO VIOLATIONS

Year	Month	Parameter	Units	Permit Limit	Result	Туре	Number of Violations	Reported Properly?	Postmark Date	Comments
	5	DMR						No	6/15/2016	Rec'd DMR for outfall 002A NO VIOLATIONS Errors: 001A reported max pH from duplicate 002A reported min and max pH from duplicates, reversed entries for DO saturation and concentration, missed exceedence entry of "0" for two parameters
	6	DMR						Yes	7/13/2016	Rec'd DMR for 002A NO VIOLATIONS Rec'd quarterly DMRs for 001 & 002 NO VIOLATIONS
	7	DMR-QA 36				Passed				pH acceptable.
	7	DMR						Yes	8/11/2016	Rec'd DMR for outfall 002A NO VIOLATIONS
	8	DMR						No	9/13/2016	DMR for 002A rec'd NO VIOLATIONS ERRORS on 002A: 1) reported DO for formalin discharge, no formalin used in Aug, should be 9-conditional monitoring 2) incorrect fish feed % efficiency reported NO errors 001A
	9	Formaldehyde	mg/L	1.6	4.5	Monthly Average	1	Yes	10/13/2016	

Year	Month	Parameter	Units	Permit Limit	Result	Туре	Number of Violations	Reported Properly?	Postmark Date	Comments
	9	DMR						No	10/13/2016	ERRORS (001A): 1) reported DO associated w/formalin, no formalin used in Sept 2016 for outfall 001A 2) reported 1 pH ex., should be zero 3) incorrect biomass 3rd quarter DMRs submitted (July to Sept) NO VIOLATIONS
	9	Formaldehyde	mg/L	4.6	75	Daily Maximum	2	No	10/13/2016	VIOLATION: 9/7 75mg/L, 9/12 60mg/L (002A) CAUSE: operator error, dosing ERROR (002A): Incorrect biomass, incorrect total ex. for formaldehyde (reported 2 should be 3 to account for two daily max violations and one monthly avg violation) Violation of 9/7 not reported within 24 hours/5days, appropriate verbal & written notification rec'd for 9/27
	10	DMR						No	11/14/2016	ERRORS (001A):reported DO associated with formalin use, no formalin use in Oct 2016, reported ex. for pH should be zero ERRORS (002A): reported DO associated with formalin use, no formalin use in Oct 2016, reported ex. for pH should be zero, reported incorrect min pH (5.42 versus 5.33)

Year Mo	onth	Parameter	Units	Permit Limit	Result	Туре	Number of Violations	Reported Properly?	Postmark Date	Comments
1	11	DMR						No	12/12/2016	ERRORS (001A): reported ex. for pH, should be zero ERRORS (002A): reported ex. for pH should be zero, reported concentration for DO in % saturation entry, reported < detection limit for hydrogen peroxide should be = zero with comment on method and kit detection limit
1	12	DMR						No	1/14/2017	001A, 002A- No vios, no errors, included 2016 Drug and chem. In accord. w/ USFDA regs. 001B, 002B- No vios, report errors integrating additional sampling.
2017										
	1	DMR						Yes	2/13/2017	Rec'd DMR for outfall 002A NO Vios
	2	DMR						Yes	3/13/2017	002A no vios
	3	DMR						No	4/13/2017	001A, 002A- No vios, no errors Q1 DMR- 001B, 002B- No vios, report errors integrating additional sampling, incorrect FOA.
	4	DMR						Yes	5/9/2017	Rec'd DMR for outfall 002A NO VIOLATIONS
	5	DMR						Yes	6/13/2017	Rec'd DMR for outfall 002A NO VIOLATIONS

Year	Month	Parameter	Units	Permit Limit	Result	Туре	Number of Violations	Reported Properly?	Postmark Date	Comments
	6	DMR						No	7/10/2017	Rec'd DMR for outfall 002A NO VIOLATIONS, no errors on monthly DMRs Rec'd DMR for quarterly monitoring 001B & 002B NO VIOLATIONS, reporting errors- did not integrate extra sampling events for TSS & TP
	7	DMR						Yes	8/14/2017	Rec'd DMR for outfall 002A NO VIOLATIONS
	8	DMR						Yes	9/14/2017	Rec'd DMR for outfall 002 NO VIOLATIONS
	9	DMR						Yes	10/11/2017	Rec'd DMR for outfall 002A NO VIOLATIONS Rec'd DMRs for quarterly reporting 001B & 002B NO VIOLATIONS